PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/724,665			ing Date 01/2003	To be Mailed
APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY											
FOR			UMBER FI	.ED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A	1	N/A		]	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	Ε	N/A		N/A		N/A		1	N/A	
TO' (37	CFR 1.16(i)		minus 20 = *			1	x \$ =		OR	x s =	
IND	EPENDENT CLAIN CFR 1.16(h))	is	minus 3 = *			1	x \$ =		1	x s =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.									]	TOTAL	L
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY           CLAMIS         HIGHEST											
AMENDMENT	03/05/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 50	Minus	<b></b> 50	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	···4	= 0	ı	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))								ㄴ		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**			x \$ =		OR	x \$ =	
Ω	Independent (37 CFR 1/16(h))	•	Minus	***		ı	x \$ =		OR	x s =	
<b> </b>	Application Size Fee (37 CFR 1.16(s))					ı			l		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TOTAL TOTAL OR ADDL FEE FEE											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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